

Tax Year 2000 W-2 Correction Instructions Addendum

K. PRE-TAX HEALTH and PRE-TAX TRANSIT

The following provides examples of overpayments collected in the tax year following the year of overpayment with pre-tax health or pre-tax transit.

(1) A **current or separated employee** did not work in pay period 23 of 2000. The timekeeper did not post LWOP for the Veterans Day Holiday and the employee received a salary payment. A bill of collection was prepared and given to the employee. Bond deductions, allotments, garnishments and OPT tax are **non-reversible** items and are **not** taken into consideration when arriving at the net amount the employee is to pay. The employee paid the bill in February of 2001. Because the employee did not pay the bill in 2000, the Federal, State, and City taxes are **non-reversible**. Amend the bill of collection to show the new increased net amount. Accounting must establish a receivable in the gross. The employee had a pre-tax health deduction in pay period 23. Because the employee received benefit of the pre-tax health on the 2000 W-2, it becomes taxable income in 2001. Prepare a VA Form 9997 to reduce the OASDI and Medicare wages by the taxable gross and the corresponding taxes. **See Example 22 Part 1 of 4 (page 63)**. Prepare VA Form 5642. **See Example 22 Part 2 of 4 (page 64)**. Prepare VA Form 4-5638a if employee had TSP. **See Example 22 Part 3 of 4 (page 65)**. Prepare VA Form 4-5638 to increase the employee's Federal, State, City, OASDI, and Medicare wages and corresponding OASDI and Medicare tax for 2001. **See Example 22 Part 4 of 4 (page 66)**. When FSC processes the VA Form 9997, deductions are deposited in station suspense for accounting to apply to the receivable. When FSC processes the VA Form 4-5638, station suspense is left short by the amount of OASDI and Medicare tax required for the OASDI and Medicare wages reported as taxable income for the pre-tax health amount. Payroll must furnish the employee a certificate stating the taxable gross amount collected was included in the employee's prior year W-2. Since the Federal, State, and City wages and taxes are **not** correctable on the W-2, a VA Form 9997 may be prepared and sent FSC for processing even if the employee does not pay the bill. **Do not give the employee a certificate until the bill is paid.** The payroll office must process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If the employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

(2) A **current or separated employee** did not work in pay period 23 of 2000. The timekeeper did not post LWOP for the Veterans Day Holiday and the employee received a salary payment. A bill of collection was prepared and given to the employee. Bond deductions, allotments, garnishments and OPT tax are **non-reversible** items and are **not** taken into consideration when arriving at the net amount the employee is to pay. The employee paid the bill in February of

2001. Because the employee did not pay the bill in 2000, the Federal, State, and City taxes are **non-reversible**. Amend the bill of collection to show the new increased net amount. Accounting must establish a receivable in the gross. The employee had a pre-tax transit deduction in pay period 23. Because the employee received benefit of the pre-tax transit on the 2000 W-2, it becomes taxable income in 2001. Prepare a VA Form 9997 to reduce the OASDI and Medicare wages by the taxable gross and the corresponding taxes. **See Example 23 Part 1 of 4 (page 67)**. Prepare VA Form 4-5642. **See Example 23 Part 2 of 4 (page 68)**. Attach copy of SF 1034 prepared by Transit Benefit Manager. **See Example 23 Part 3 of 4 (page 69)**. Prepare VA Form 4-5638 to increase the employee's Federal, State, City, OASDI, and Medicare wages for 2001. **See Example 23 Part 4 of 4 (page 70)**. When FSC processes the VA Form 9997, deductions are deposited in station suspense for accounting to apply to the receivable. When FSC processes the VA Form 4-5638, station suspense is left short by the amount of OASDI and Medicare tax required for the OASDI and Medicare wages reported as taxable income for the pre-tax transit amount. Payroll must furnish the employee a certificate stating the taxable gross amount collected was included in the employee's prior year W-2. Since the Federal, State, and City wages and taxes are **not** correctable on the W-2, a VA Form 9997 may be prepared and sent FSC for processing even if the employee does not pay the bill. **Do not give the employee a certificate until the bill is paid.** The Transit Benefit Manager must prepare a VA Form 0724a to refund the pre-tax transit benefits to the station's suspense account so accounting can apply it to the receivable.

(3) Note: New Jersey and Puerto Rico do not exempt Health Benefits. Massachusetts, New Jersey, Pennsylvania, and Puerto Rico and all local jurisdictions in Pennsylvania **do not exempt** transit benefits.

(4) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:

a. VA Form 9997 with sections 3, 4, 5, and 6 completed for employees with OASDI on W-2. Complete sections 5 and 6 for employees with Medicare only on the W-2.

b. VA Form 4-5642, Notice of Check Cancellation or Cash Collection, complete all sections. Payroll must call NFC to verify that the TSP account is still open on separated employees. If the account is closed, add the EA TSP amount to the net amount owed by the employee. Do not annotate TSP amount on the VA Form 4-5642. Instead, annotate "PER NFC TSP ACCOUNT CLOSED".

c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if employee had TSP and has not closed the TSP account.

(1) Be sure to code each pay period on the R6.

(2) Prepare a different VA Form 4-5638a code sheet for each **tax year** requiring correction.

(3) **Do not** enter the appropriation for EA TSP.

(4) **Do not** complete an R6 on VA Form 4-5638a for GB and GM for pay periods older than 11 months.

(5) Code only the EA. NFC only processes minus transactions to reduce contributions once each month.

(6) NFC will not process a minus transaction older than one year. The one-year time limit is determined by the date NFC processes the transaction.

d. VA Form 4-5638, Pay Adjustment and Cash Payment Code Sheet, enter the pre-tax transit or pre-tax health amount in the Federal, State, City, OASDI, and Medicare wage fields on the R4. Code in the corresponding OASDI and Medicare tax on the R3.

e. Attach a Standard Form 1034, Public Voucher for Purchases and Services Other than Personal, completed by the Transit Benefit Manager. The word "REFUND" and reason for refund must be clearly annotated in the Articles or Services part of the form. The station number, employee name, and employee SSN must also be annotated on the form. **See Example 23 part 3 of 4 (page 69).**

f. Attach a copy of the appropriate tax year W-2 listing.

L. PRE-TAX TRANSIT WITHHELD IN 2000 AND REFUNDED TO EMPLOYEE IN 2001

The following is an example of pre-tax transit withheld in 2000 and refunded to the employee in 2001.

(1) The employee had pre-tax transit money withheld from salary check in pay period 24 and 25 in error. The Transit Benefit Manager prepares a Standard Form 1034 to refund the transit money to the employee. The word "REFUND" and reason for refund must be clearly annotated in the Articles or Services part of the form. The station number, employee name, and employee SSN must also be annotated on the form.

(2) FSC will process a VA Form 4-5638, Pay Adjustment and Cash Payment Code Sheet, to increase the employee's Federal, State, City, OASDI, and Medicare wages for 2001. The corresponding OASDI and Medicare tax will also be coded. When FSC processes the VA Form 4-5638, station suspense is left short by the amount of OASDI and Medicare tax required for the OASDI and Medicare wages reported as taxable income for the pre-tax transit amount. Station Payroll must collect the tax amount from the employee.

INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Send the completed original request form to VAFSC, 1615 Woodward Street, Austin, TX 78772. ATTN: 0475B.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 635	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION		
EMPLOYEE'S CURRENT SOCIALSECURITY NO. 777 - 55 - 3333		EMPLOYER'S FEDERAL EIN 74-1612229F		
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Mickey Mouse 2121 Trapdoor Way Oklahoma City, OK 73118		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS 78772		
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)		

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$19,047.74	\$18,995.98	(\$51.76)	
	4. SOC SECURITY TAX WITHHELD	\$1,180.93	\$1,177.72	(\$3.21)	
	5. MEDICARE WAGES	\$19,047.74	\$18,995.98	(\$51.76)	
	6. MED. TAX WITHHELD	\$276.19	\$275.44	(\$.75)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
	ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)
		OASDI WAGES	\$19,047.74	\$18,995.98	(\$51.76)
OASDI TAX WITHHELD		\$1,180.93	\$1,177.72	(\$3.21)	
MEDICARE WAGES		\$19,047.74	\$18,995.98	(\$51.76)	
MEDICARE TAX WITHHELD		\$276.19	\$275.44	(\$.75)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$51.76)	(\$3.21)	(\$51.76)	(\$.75)	
NORMAL HOURS 80	PAY BASIS 2	DUTY BASIS 1	COST CENTER 822222	SUBACCOUNT 61	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 6-2-45	PAY PLAN 1	TYPE OF APPOINTMENT 1
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Cash collection – employee not entitled PP23/00. Employee paid bill On 2-20-2001.			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 3-28-01

Department of Veterans Affairs					NOTICE OF CHECK CANCELLATION OR CASH COLLECTION										
VA FSC (104/0475B) AUSTIN, TX					NAME AND LOCATION OF PREPARING STATION VAMC Oklahoma City OK							STATION NO. 635			
NAME OF EMPLOYEE Mickey Mouse					SOCIAL SECURITY NO. 777 - 55 - 3333			DATE OF BIRTH 6 - 2 - 45		CHECK NO.		DATE OF CHECK 11 - 28 - 00		SALARY RATE 11.77	
FCP NO. 012	PAY PLAN 1	TYPE APPT 1	PAY BASIS 2	DUTY BASIS 1	NORMAL HOURS 80	EQUIVALENT MAN HOURS 0	COST CENTER 82222		SUBCENT 61		PAY PERIOD OF OVERPAYMENT PP23/00				
TSP	STATUS T	PERCENT 10	RESERVED		DIST. OF EMPLOYEE DEDUCTION							GOVERNMENT BASIC 98		GOVERNMENT MATCH 391	
STATUS (If two blocks apply check both) <input type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT					<input checked="" type="checkbox"/> EMPLOYEE SEPARATED			SEPARATION DAY NO. 054		O AND S STATION		T AND L UNIT NO. 123			
EARNINGS AND DEDUCTIONS DATA															
EARNINGS AND ALLOWANCES					AMOUNT		DEDUCTIONS					AMOUNT			
BASE PAY					\$97.52		OASDI TAX					\$3.21			
NIGHT DIFFERENTIAL							MEDICARE TAX					\$7.75			
HOLIDAY							FEDERAL TAX								
OVERTIME							PRIMARY STATE TAX			GSA CODE					
LUMP SUM							SECONDARY STATE TAX			GSA CODE					
STANDBY PREMIUM PAY							PRIMARY CITY TAX			GSA CODE					
ONCALL PAY							SECONDARY CITY TAX			GSA CODE					
PHYSICIAN/DENTIST PAY							BASIC LIFE INSURANCE			VA SHARE \$2.17		\$4.34			
SUNDAY PREMIUM PAY							ADDTL OPTL INSURANCE			CODE					
LIVING ALLOWANCE							STANDARD OPTIONAL LIFE INSURANCE								
UNIFORM ALLOWANCE							FAMILY LIFE INSURANCE								
EARNED INCOME CREDIT							HEALTH BENEFITS Pre-tax YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					\$45.76			
INCENTIVE AWARDS							SAVINGS BONDS								
SES AWARDS							GARAGE								
SATURDAY PREMIUM PAY							TAXABLE QUARTERS								
SPECIAL RATE BASE PAY							NONTAXABLE QUARTERS								
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME							SUBSISTENCE								
MOVING EXPENSES							PARKING FEES								
LOCALITY PAY							VOLUNTARY CONTRIBUTIONS			CFC CODE					
TOTAL EARNINGS AND ALLOWANCES					\$97.52		UNION DUES			UNION DUES CODE A001		\$10.00			
LESS-TOTAL DEDUCTIONS					\$74.98		POST 1956 MILITARY SERVICE DEPOSIT								
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$22.54		THRIFT SAVINGS PLAN					\$9.75			
OF 1114 NO. K164114		DATE OF OF 1114 2-20-2001			RETIREMENT			CODE K	VA SHARE \$1043		\$1.17				
VA FORM 4-1027 NO. C52782546		DATE OF VA FORM 4-1027 2 - 20 - 2001			RETIREMENT (RE-EMPLOYED ANNUITANTS)										
HEALTH BENEFITS CODE 452		VA SHARE OF HEALTH BENEFITS \$137.28			TRANSIT BENEFIT										
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				OTHER DEDUCTIONS							
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.		TOTAL DEDUCTIONS				\$74.98					
REASON FOR CANCELLATION OR COLLECTION Employee not entitled to PP23/00 pay. Paid on 2-20-01						TAXING AUTHORITY TO RECEIVE INFORMATION ONLY Taxable Wage \$51.76									
PREPARED BY Name Required				DATE - -		SIGNATURE CHIEF FISCAL/FINANCE Signature Required				DATE - -					

1. STATION NO. (2-4)		2. SOCIAL SECURITY NO. (5-13)		3. NAME CODE (14-16) MOU		4. DAY NO. (17-19)		PAY ADJUSTMENT AND CASH PAYMENT CODE SHEET										EMPLOYEE'S NAME mouse, mickey									
5. TRANS. TYPE (20-21)		6. BASE PAY (22-27)		7. NIGHT DIFFERENTIAL (28-32)		8. OVERTIME (33-37)		9. HOURS (38-40)		10. HOLIDAY (41-45)		11. STANDBY PREMIUM PAY (46-50)		12. AWARD (Excluding SES Awards) (51-56)		13. LUMP SUM (57-62)		14. UNIF. LIVING ALLOW. SUN. ON CALL CODE (63) AMOUNT (64-68)		15. DISBURSING AUTHOR. FOR THIS ADJUSTMENT ONLY APPROP. CODE (69-73) AMOUNT (74-80)							
16. TRANS. TYPE (20-21)		17. OASDI/MEDICARE CODE (22) AMOUNT (23-27)		18. RETIREMENT/LIFE INSURANCE/HEALTH BENEFITS CODE (28) EMPLOYEE SHARE (29-32) VA SHARE (33-37) INS. CODE (38-41)		19. G/SLG CODE (42) AMOUNT (43-47)		20. FED. STATE TAX CODE (48) AMOUNT (49-53)		21. PRIOR PAYMENT CODE (54) AMOUNT (55-60)		22. OTHER DEDUCTION (61-66)		23. STATE GSA CODE (67-68)		24. DISBURSING AUTHOR. FOR THIS ADJUSTMENT ONLY APPROP. CODE (69-73) AMOUNT (74-80)											
25. TRANS. TYPE (20-21)		26. RESERVED RES. (22) RESERVED (23-27)		27. UNION CODE (28-31) AMOUNT (32-34)		28. VOLUN. CONTRIBUTIONS CODE (35-37) AMOUNT (38-42)		29. CITY TAX GSA CODE (43-44) AMOUNT (45-47)		30. APPROPRIATION CODE (48-53)		31. FOR DPC USE ONLY RES. (54-58) GSA CODE (59-63)		32. WAGE ADJUSTMENT GROSS PAY AMOUNT (64-68) CODE (69)													
33. TRANS. TYPE (20-21)		34. DISBURSING AUTHORITY APPROP. CODE (22-26)		35. NET. TSP STATUS (27)		36. TSP BASE PAY ADJUSTMENT AMOUNT (28-35)		37. PERCENT RATE (36-38)		38. DOLLAR AMOUNT (39-42)		39. DIST. OF EMPLOYEE DEDUCTION GS (43-47) FI (48-50) CS (51-53)		40. SEPARATE AWARD CHECK INCENTIVE (22-26) SES (27-31)		41. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY APPROP. CODE (69-73) AMOUNT (74-80)											
42. REMARKS (If additional space is required, use reverse.) So report Pre-tax health deducted in 0000 to 0001 Fed, State, Social & Medicare Wages & do Social & Medicare tax.		43. CODED BY BP		44. DATE 3/20/01		45. VERIFIED BY JF		46. DATE 3/20/01		47. AUTHORIZED BY S. Good		48. FUND CONTROL POINT NO. (64-68)		49. DATE OF BIRTH MONTH (69-70) DAY (71-72) YEAR (73-75)		50. TAX YEAR (76-78) MONTH (79-80) DAY (81-82)		51. RES. PERS. REQ. DPC CODE (83-84) CD (85-86) DPC (87-88)									
46. TRANS. TYPE (20-21)		47. NAME (22-43)		48. NORMAL HOURS (44-45)		49. PAY BASIS (46)		50. DUTY BASIS (47)		51. COST CENTER (48-53)		52. SUB. ACCT. (54-55)		53. FTE EQUIV. (56)		54. SEPAR. DAY NO. (57-58)		55. GSA STATION NO. (59-63)		56. FUND CONTROL POINT NO. (64-68)		57. DATE OF BIRTH MONTH (69-70) DAY (71-72) YEAR (73-75)		58. TAX YEAR (76-78) MONTH (79-80) DAY (81-82)		59. RES. PERS. REQ. DPC CODE (83-84) CD (85-86) DPC (87-88)	
81		MOUSE, MICKEY		80		2		1		8000000000		0		054				012060345		C		11					

FORM 4-5532

EXISTING STOCKS OF VA FORM 4-5532, NOV 1987, WILL BE USED

U.S. Government Printing Office: 1987 - 282-804/2734


INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Send the completed original request form to VAFSC, 1615 Woodward Street, Austin, TX 78772. ATTN: 0475B.

NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of the TD Form W-2c, Payroll Offices will update their Master W-2 Listing with the corrected data from Column B. In the case of name, SSN, or address change, it is imperative that action be taken at the field station to correct the Employee's Master Record and update necessary files.

YEAR BEING CORRECTED 2000	STATION NO. 630	CORRECT EMPLOYEE STATUS <input type="checkbox"/> DECEASED <input type="checkbox"/> PENSION PLAN <input checked="" type="checkbox"/> DEFERRED COMPENSATION		
EMPLOYEE'S CURRENT SOCIALSECURITY NO. 555 - 77 - 2222		EMPLOYER'S FEDERAL EIN 74-1612229F		
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code) Crystal Carrington 2540 50th Ave Apt 7L New York, New York 10037		EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS AUSTIN, TEXAS		
Complete ONLY if previously reported information was incorrect	EMPLOYEE'S SSN (Original) - -	EMPLOYEE'S NAME (As shown as original)		

NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.

CHANGES TO TD FORM W-2	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE) (B LESS A)	
	1. WAGES TIPS AND OTHER COMP				
	2. FED. INC. TAX WITHHELD				
	3. SOC. SECURITY WAGES	\$30,823.53	\$30,674.93	(\$148.60)	
	4. SOC SECURITY TAX WITHHELD	\$1,911.05	\$1,901.84	(\$9.21)	
	5. MEDICARE WAGES	\$30,823.53	\$30,674.93	(\$148.60)	
	6. MED. TAX WITHHELD	\$446.89	\$464.74	(\$2.15)	
	9. ADVANCED EIC PAYMENT				
	13A. 401K(TSP) (D)				
	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)				
	14A TAXABLE MER (Moving Expenses Reimbursements)				
	14B TAXABLE EPV (Employee Provided Vehicle)				
	14C PRE-TAX TRN-TRANSIT BENEFIT (Non-taxable)				
	14D HTH-HEALTH BENEFIT (Non-taxable)				
	17 STATE WAGE				
	18 STATE TAX WITHHELD				
	20. LOCAL WAGE GSA CODE				
	21. LOCAL TAX WITHHELD				
	ADJUSTMENT TRANSACTION	ITEM	A. AS ORIGINALLY REPORTED	B. CORRECT INFORMATION	C. INCREASE (DECREASE)
		OASDI WAGES	\$30,823.53	\$30,674.93	(\$148.60)
OASDI TAX WITHHELD		\$1,911.05	\$1,901.84	(\$9.21)	
MEDICARE WAGES		\$30,823.53	\$30,674.93	(\$148.60)	
MEDICARE TAX WITHHELD		\$446.89	\$464.74	(\$2.15)	
QTR	OASDI WAGES	OASDI TAX	MEDICARE WAGES	MEDICARE TAX	APPROPRIATION
1					
2					
3					
4					
4	(\$148.60)	(\$9.21)	(\$148.60)	(\$2.15)	
NORMAL HOURS 80	PAY BASIS 2	DUTY BASIS 1	COST CENTER 856425	SUBACCOUNT 08	FTE EQUIVALENT 0
SEPARATION DAY NO.	Q & S STATION NO.	FUND CONTROL POINT 012	DATE OF BIRTH 07-26-56	PAY PLAN 1	TYPE OF APPOINTMENT 2
REASON FOR CORRECTION (Late recording of moving expenses (Cancel Checks etc.) Cash Collection – employee not entitled PP23/00. Employee paid bill On 2-20-2001			SIGNATURE OF CERTIFYING OFFICER Signature Required		DATE 3-28.01

 Department of Veterans Affairs				NOTICE OF CHECK CANCELLATION OR CASH COLLECTION											
TO		VA FSC (104/0475B) AUSTIN, TX				NAME AND LOCATION OF PREPARING STATION VAMC New York, NY						STATION NO. 630			
NAME OF EMPLOYEE Crystal Carrington					SOCIAL SECURITY NO. 555 - 77 - 2222			DATE OF BIRTH 07 - 26 - 56		CHECK NO. 86642508		DATE OF CHECK 11 - 28 - 00		SALARY RATE \$30,596.80	
FCP NO. 012		PLAN 1	TYPE APPT 2	PAY BASIS 2	DUTY BASIS 1	NORMAL HOURS 80		EQUIVALENT MAN HOURS 0		COST CENTER 86642508		SUBCENT PP2300		PAY PERIOD OF OVERPAYMENT	
TSP		STATUS I	PERCENT	RESERVED		DIST. OF EMPLOYEE DEDUCTION GS FI CS						GOVERNMENT BASIC		GOVERNMENT MATCH	
STATUS(If two blocks apply check both) <input checked="" type="checkbox"/> EMPLOYEE CURRENTLY ON ROLLS <input type="checkbox"/> REEMPLOYED ANNUITANT <input type="checkbox"/> EMPLOYEE SEPARATED										SEPARATION DAY NO.		O AND S STATION		T AND L UNIT NO.	
EARNINGS AND DEDUCTIONS DATA															
EARNINGS AND ALLOWANCES					AMOUNT			DEDUCTIONS				AMOUNT			
BASE PAY					\$177.68			OASDI TAX				\$9.21			
NIGHT DIFFERENTIAL								MEDICARE TAX				\$2.15			
HOLIDAY								FEDERAL TAX							
OVERTIME								PRIMARY STATE TAX		GSA CODE					
LUMP SUM								SECONDARY STATE TAX		GSA CODE					
STANDBY PREMIUM PAY								PRIMARY CITY TAX		GSA CODE					
ONCALL PAY								SECONDARY CITY TAX		GSA CODE					
PHYSICIAN/DENTIST PAY								BASIC LIFE INSURANCE		VA SHARE					
SUNDAY PREMIUM PAY								ADDTL OPTL INSURANCE		CODE					
LIVING ALLOWANCE								STANDARD OPTIONAL LIFE INSURANCE							
UNIFORM ALLOWANCE								FAMILY LIFE INSURANCE							
EARNED INCOME CREDIT								HEALTH BENEFITS Pre-tax YES <input type="checkbox"/> NO <input type="checkbox"/>							
INCENTIVE AWARDS								SAVINGS BONDS							
SES AWARDS								GARAGE							
SATURDAY PREMIUM PAY								TAXABLE QUARTERS							
SPECIAL RATE BASE PAY								NONTAXABLE QUARTERS							
ADMINISTRATIVELY UNCONTROLLABLE OVERTIME								SUBSISTENCE							
MOVING EXPENSES								PARKING FEES							
LOCALITY PAY								VOLUNTARY CONTRIBUTIONS		CFC CODE					
TOTAL EARNINGS AND ALLOWANCES					\$177.68			UNION DUES		UNION DUES CODE					
LESS-TOTAL DEDUCTIONS					\$40.44			POST 1956 MILITARY SERVICE DEPOSIT							
CASH COLLECTED OR NET PAY OF CHECK CANCELLED					\$137.24			THRIFT SAVINGS PLAN							
OF 1114 NO. K1741122		DATE OF OF 1114 2 - 20 - 01						RETIREMENT		CODE		VA SHARE			
VA FORM 4-1027 NO. C52789453		DATE OF VA FORM 4-1027 2 - 20 - 01						RETIREMENT (RE-EMPLOYED ANNUITANTS)							
HEALTH BENEFITS CODE		VA SHARE OF HEALTH BENEFITS						TRANSIT BENEFIT				\$29.08			
FUND OR APPROPRIATION SYMBOL				REDUCTION FOR ANNUITY				Other Deductions							
ACTION <input type="checkbox"/> CHECK CANCELED <input checked="" type="checkbox"/> CASH COLLECTED				SUSPENSE PAT NO.				TOTAL DEDUCTIONS				\$40.44			
REASON FOR CANCELLATION OR COLLECTION							TAXING AUTHORITY TO RECEIVE INFORMATION ONLY Taxable Wage \$148.60								
PREPARED BY Name Required					DATE - -			SIGNATURE CHIEF FISCAL/FINANCE Signature Required				DATE - -			
VA FORM 4-5642 SUPERSEDES VA FORM 4-4642 NOV 1989 68 Example # 23 Part 2 of 4 USGPO : 1990 262-755/16844															

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

Department of Veterans Affairs
New York Harbor Healthcare System

DATE VOUCHER PREPARED

2-20-2001

SCHEDULE NO.

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

PAID BY

PAYEE'S
NAME
AND
ADDRESS

Crystal Carrington 555-77-2222
2540 50th Ave. Apt 7L
New York, NY 10037

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		Refund of Transit Benefit's withheld pay period 23/00				29.08

(Use continuation sheet(s) if necessary)

Payee must NOT use the space below

TOTAL 29.08

PAYMENT:

- ☐ PROVISIONAL
☐ COMPLETE
☐ PARTIAL
☐ FINAL
☐ PROGRESS
☐ ADVANCE

APPROVED FOR

= \$ 29.08

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

(Name Required)

TITLE

Amount verified, correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Signature Required)

(Date)

(Authorized Certifying Officer) 2

(Title)

ACCOUNTING CLASSIFICATION

Suspense Account 36X6501 "PS 03"

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency

2 If the ability to certify and authorize to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over official title.

3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasury", as the case may be.

PER

TITLE

Previous edition obsolete

NSN 7540-00-634-4206

Jeff-01m

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 85b and 85c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

1. STATION NO. (2-4)		2. SOCIAL SECURITY NO. (5-13)		3. NAME CODE (14-16)		4. DAY NO. (17-19)		PAY ADJUSTMENT AND CASH PAYMENT CODE SHEET										EMPLOYEE'S NAME																					
630		555772222		CAR														CARRINGTON, CRYSTAL																					
5. TRANS. TYPE (20-21)		6. BASE PAY (22-27)		7. NIGHT DIFFERENTIAL (28-32)		8. OVERTIME (33-37)		9. HOURS (38-40)		10. HOLIDAY (41-45)		11. STANDBY PREMIUM PAY (46-50)		12. AWARD (Excluding SES Awards) (51-56)		13. LUMP SUM (57-62)		14. UNIF. LIVING ALLOW. SUN. ON CALL (63)		15. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (64-68)		15. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (69-73)																	
16. TRANS. TYPE (20-21)		17. OASDI/MEDICARE (22-27)		18. RETIREMENT/LIFE INSURANCE/HEALTH BENEFITS (28-32)		19. Q/S/G (33-37)		20. FED. STATE TAX (38-40)		21. PRIOR PAYMENT (41-45)		22. OTHER DEDUCTION (46-50)		23. STATE GSA CODE (51-56)		24. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (57-62)		24. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (63-68)		24. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (69-73)		24. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (74-80)																	
25. TRANS. TYPE (20-21)		26. RESERVED (22-27)		27. UNION (28-32)		28. VOLUN. CONTRIBUTIONS (33-37)		29. CITY TAX (38-40)		30. APPROPRIATION CODE (41-45)		31. FOR DPC USE ONLY (46-50)		32. WAGE ADJUSTMENT (51-56)		32. WAGE ADJUSTMENT (57-62)		32. WAGE ADJUSTMENT (63-68)		32. WAGE ADJUSTMENT (69-73)		32. WAGE ADJUSTMENT (74-80)																	
33. TRANS. TYPE (20-21)		34. DISBURSING AUTHORITY (22-27)		35. RET. CODE (28-32)		36. TSP STATUS (33-37)		37. TSP BASE PAY ADJUSTMENT AMOUNT (38-40)		38. PERCENT RATE (41-45)		39. DOLLAR AMOUNT (46-50)		40. DIST. OF EMPLOYEE DEDUCTION (51-56)		41. SEPARATE AWARD CHECK (57-62)		42. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (63-68)		42. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (69-73)		42. DISBURSING AUTHORITY FOR THIS ADJUSTMENT ONLY (74-80)																	
43. TRANS. TYPE (20-21)		44. NAME (22-43)		45. NORMAL HOURS (44-45)		46. PAY BASIS (46)		47. DUTY BASIS (47)		48. COST CENTER (48-53)		49. SUB. ACCT. (54-55)		50. FTE. (56)		51. SEPAR. DAY NO. (57-59)		52. OAS STATION NO. (60-63)		53. FUND CONTROL POINT NO. (64-66)		54. DATE OF BIRTH (67-70)		55. TAX YEAR (71-72)		56. RES. CODE (73)		57. RES. CODE (74)		58. RES. CODE (75)		59. RES. CODE (76)		60. RES. CODE (77-78)		61. RES. CODE (79)		62. RES. CODE (80)	

REMARKS: (If additional space is required, use reverse.)
 To report transit wages exempted in 2000 & 2001 to 2001 Fed. State, City, and Medicare wages John Doe

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CODED BY: DATE: VERIFIED BY: DATE:

AUTHORIZED BY: